I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 605, Florida Statutes; and

SIGNATURE: JAVAN SMITH

that my name appears above, or on an attachment with all other like empowered.

Electronic Signature of Signing Authorized Person(s) Detail

SMITH, JAVAN E 4955 LARKSPUR LANE ATLANTA, FL 30349 US

Name and Address of Current Registered Agent:

15017 NORTH DALE MABRY HIGHWAY#1019 TAMPA

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE:

1019

1019

TAMPA, FL 33618

TAMPA, FL 33618

Electronic Signature of Registered Agent

Authorized Person(s) Detail :

DOCUMENT# L22000163736

Current Mailing Address:

FEI Number: 92-2082293

Entity Name: SHARON V SMITH LLC

Current Principal Place of Business: 15017 NORTH DALE MABRY HIGHWAY#1019 TAMPA

TitleMGRNameSMITH, JAVAN EAddress4955 LARKSPUR LANECity-State-Zip:ATLANTA GA 30349

FILED Apr 30, 2023 Secretary of State 9214566788CC

Certificate of Status Desired: No

04/30/2023

Date

MANAGER